

# Mesquite ISD Food & Nutrition Services Diet Contact Form

Dear Parent/Guardian,

Please read the following information before completing and submitting the 2019-2020 Diet modification form. MISD only makes diet modifications for students with the following conditions:

Severe food allergy causing a disability

Cerebral Palsy

Epilepsy

Muscular Dystrophy

Multiple Sclerosis

Cancer

Heart Disease

Metabolic Diseases

Tuberculosis

HIV Disease

Emotional Illness

Swallowing/Chewing difficulties

If your child does not have one of the above listed conditions, and you would like to further discuss the option of a diet modification, please feel free to contact Mesquite ISD's Dietitian Monday- Friday 8:00 AM- 4:30 PM. If a fluid milk substitute has been indicated, it has been noted in your child's account regardless of their condition. For your convenience, Menus are available on the district website: <http://www.mesquiteisd.org/depts/foodservice/menus-meal-programs/> or on the School Cafe App/website, <http://www.schoolcafe.com/>. Both contain allergen and nutrition information.

## **Sarah Looney, RD, LD**

Dietitian, Food & Nutrition Services Mesquite ISD

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## Mesquite ISD Food & Nutrition Services – Diet Modification

Dear Parent/Guardian,

You have indicated that your child has a condition requiring diet modification such as food allergy or intolerance, or other modification to diet like sodium restriction or texture modification.

### ***This Document is Very Important! Please Read It Carefully!***

Mesquite ISD Food & Nutrition Services looks forward to working with all students with a severe allergy or with another medical condition requiring a change of diet, such as metabolic diseases, swallowing/chewing difficulties, cystic fibrosis, etc. We encourage all parents to work with their child to adjust their own diets to meet any other dietary needs (food intolerances, religious preferences, mild allergies) with the exception of fluid milk intolerance. Soy milk will be available for any student whose physician indicates that fluid cow's milk is undesirable.

If your child has a severe allergy or other medical condition causing a disability, the following steps are required for the cafeteria to make any changes to your child's meal choices:

1. The Diet Modification Form must be filled out in its entirety by a **physician** in accordance with State and Federal law. This must be done before any changes can be made.
  - a. Diet modifications are strictly followed. For example, if the physician states that your child has a severe allergy to dairy, then cafeteria staff cannot serve pizza, yogurt, waffles or any other items that contain dairy to your child – even if you allow your child to consume such items at home.
  - b. In order to remove an allergy or diet modification, a second Diet Modification Form must be completed by a physician. It must state that the child is no longer allergic or no longer needs diet modification.
  - c. Please note that neither juice nor water can be substituted for milk. *This is Federal law.* Soy milk is available for students whose physician completes a request for (cow) milk substitution.
  - d. If you would like to speak to the Mesquite ISD Dietitian before submitting the diet modification form, please see the contact information below.

*\*Menus are available on the district website: <http://www.mesquiteisd.org/depts/food-service/menus-meal-programs/> or on the School Café App/website, <http://www.schoolcafe.com/>. Both contain allergen and nutrition information.*

2. Once the Diet Modification Form has been completed by a physician, please return the form to your child's school nurse.

Thank you for your consideration when dealing with food modifications for your child. If you have any questions, please do not hesitate to contact the Mesquite ISD Food & Nutrition Services Department.

Sarah Looney, MISD Dietitian

[slooney@mesquiteisd.org](mailto:slooney@mesquiteisd.org)

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Updated: 5/29/19

# 2019-2020 MISD Food and Nutrition Services Diet Modification Request

Student's Name (Last, First): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Please return form to your school nurse upon completion by an authorized medical authority.

Please contact your school nurse or Sarah Looney, MISD Dietitian with any questions. Phone: 972-882-5468

## Section A: Medical Conditions Requiring Food Modification

### I. Therapeutic Diet Order

Duration:

Temporary: Start: \_\_\_\_\_ End: \_\_\_\_\_

Year Round

Diabetic: Carbohydrate Allowance

Breakfast: \_\_\_\_\_ g Lunch: \_\_\_\_\_ g Snack: \_\_\_\_\_ g

Cardiac: Fat: \_\_\_\_\_ g Na: \_\_\_\_\_ g

PKU: Protein: \_\_\_\_\_ g

Renal: Na \_\_\_\_\_ g K: \_\_\_\_\_ g Phos: \_\_\_\_\_ g

Sodium Restriction: Na \_\_\_\_\_ g

Other: \_\_\_\_\_

### II. Texture Modification

Duration:

Temporary: Start: \_\_\_\_\_ End: \_\_\_\_\_

Year Round

Liquids:

Thin (regular liquids)

Nectar Thick

Honey Thick

Pudding Thick

Solids:

Mechanical Soft (Chopped)

Mechanical Soft (Ground)

Pureed

## Section B: Allergies/Intolerances

1. The Allergy:  Does NOT cause a disability  Causes a disability

2. Foods to omit from the diet:

Seafood

Egg

Tree Nut

Peanut

Soy

Fluid cow's milk

All Dairy (yogurt, cheese, etc.)

Corn (**please specify** if this includes corn products, i.e. corn starch, corn syrup, etc.): Y or N

Wheat

Other: \_\_\_\_\_

3. Safe food substitutions: \_\_\_\_\_

4. Student requires fluid milk substitution (*Note: This does not include other dairy products such as yogurt or cheese unless indicated in the allergy section above.*)

Yes  No

**MISD offers Soy milk as a substitute for fluid milk.**

**I certify that the above named student needs to be offered food substitutions as described above because of the student's disability/Life Threatening food allergy or food intolerance/allergy as indicated.**

Name of Medical Authority \_\_\_\_\_  MD  DO  RD  PA  NP  SLP  
(PLEASE PRINT)

Prescribing Physician/Medical Authority Signature: \_\_\_\_\_ (SIGNATURE) \_\_\_\_\_ (DATE)

Contact Number: \_\_\_\_\_

I understand that this form will remain on file each year. I understand that if my child's medical or health needs change, it is my responsibility to provide documentation from my child's physician to the school nurse who will then give it to the district dietitian.

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